## SUPERINTENDENT OF PUBLIC INSTRUCTION/DEPARTMENT OF EDUCATION

## **EMPLOYMENT APPLICATION - SUPPORT STAFF Department of Education**

P.O. Box 83720, 650 W. State Street, Boise, Idaho 83720-0027

Positi	ion Titl	е											
Mr.	Ms.	Mrs.	SOCIAL	_ SECURITY NU	IMBEF	₹							
LAST NAME					FIRST N	AME			МІ				
MAILING	ADDRES	SS											
CITY					STA	TATE ZIP							
HOME PHONE OTHER PHONE					IE		E-MAIL ADD	DRESS					
EDU	CATIO	N: Scho	ools at	tended afte	r H	igh Sch	ool or Sp	ecial '	Training Re	ceived			
School:						FR	COM:		то:	DID YOU GRADUATE? YES NO			
Locati	ion:								Type of D	egree or Diploma:			
School:					FR	OM:		то:	O: DID YOU GRADUATE? YES NO				

Location:									Type of	Degree	or Dipl	oma:	
Special Qualifications:										Licens	ing:		
EMPLOYMENT HIST	ORY:	List you	ır wo	ork histo	ry t	oegi	nning wit	h you	r present o	r most rec	ent job.		
Employer: Fron		n: To:		: Hrs/week:		Job Title:							
Address:	Phone	ne: Sup							May we contact this employer? YES NO				
Reason for leaving:							'						
Employer:	From: To:		Hrs/week:		Job Title:								
Address:	Phone:					May we contact this employer? YES NO							
Reason for leaving:	,		,										
Employer:		From:			To: Hrs/wee		eek:	: Job Title:					
Address:		Phone:				Supervisor:		May we contact this employer? YES NO					
Reason for leaving:													
I certify that I am a U.S Foreign National with a States.									YES		NO		

YES		NO	
YES		NO	
ven on thi	is applic	ation is	s true and
	_	. •	
staff serve a	at the plea	sure of t	he State
ovided in lie	u of overt	ime cash	compensati
l	YES  Even on this  misleading  wment with  I staff serve a  or disability.  Ty aids or ser	YES	

## AUTHORIZATION FOR RELEASE OF PERSONNEL RECORDS AND OTHER EMPLOYMENT INFORMATION

You are hereby authorized and directed to release a my past, present or future employment with the Sta	any and all records, reports and information concerning ate Department of Education.
release of my personnel records and other employr action at law or in equity, including, but not limited	, in consideration of the Department's ment information, agree to never institute <u>any suit or</u> d to, any suit for defamation or negligence against the aim I now have or may hereafter acquire relating to the ment information pursuant to this release.
This authorization is freely and voluntarily given a	and shall be in effect until revoked in writing by me.
Signature	Date

## **Equal Employment Opportunity Information**

The State Department of Education is attempting to assure equal opportunity. Your cooperation in voluntarily furnishing the information requested below would be appreciated. This information will be kept confidential and separate from the application process.

American India	an or Alaskan Native						
	American Indian or Alaskan Native						
Asian							
Other							
Female							
he following are applicable:							
Vietnam Veteran	Disabled Veteran						
idual							
nis position?							
	Other  Female  he following are applicable: Vietnam Veteran  idual	Other Female  the following are applicable: Vietnam Veteran Disabled Veteran  idual					

Hiring decisions are made without regard to race, color, religion, national origin, sex, age, or disability. Appropriate consideration shall be given to veterans in accordance with applicable state and federal laws and regulations.

Send your resume, completed application and the names and phone numbers of three verifiable references to:

Nancy Grigsby, Human Resource Specialist Idaho State Department of Education P.O. Box 83720 Boise, ID 83720-0027